



[Please Attach
Photo Here]

SERVANT STAFF APPLICATION

REQUESTED AREA OF MINISTRY

1. _____ | 2. _____ | 3. _____ | 4. _____

CONFIDENTIAL INFORMATION

Date of Application ____/____/____

Mr. Mrs. Ms.

Name _____

Address _____

Daytime Telephone (____) _____

Evening Telephone (____) _____

Mobile Telephone (____) _____

Email Address _____

Marital Status: Single Married Divorced

State of Marital Relationship: Excellent Good Fair Poor

Spouse's Name _____

Current Occupation _____

Employer _____

Work Address _____

Work Telephone (____) _____

EMERGENCY INFORMATION

In case of an emergency, please contact:

Name _____ Relationship _____

Address _____

Telephone (____) _____

Name _____ Relationship _____

Address _____

Telephone (____) _____

SPIRITUAL INFORMATION

Date of your born again experience? _____

Have you experienced the baptism of the Holy Spirit? _____

How long have you been a member? _____

Do you agree with our statement of faith and vision? _____

Do you tithe? _____

**PERSONAL
INFORMATION**

Do you have any habits that you are struggling with? Yes No

If yes, explain _____

STATEMENT

All the information that I have stated on this application is true. I give TRUTH CENTER MINISTRIES the right to verify all information given.

Signed by: _____

Date: ____/____/____

FOR OFFICE USE ONLY

Date Application Received _____

Approved On-hold Denied

Date of Servant Training Class: _____

Volunteer placement meeting scheduled for: _____

COMMENTS: _____

